DOCUMENT RESUME

ED 193 367 UD 020 854

AUTHOR Ladner, Robert A.
TITLE Social and Demographic Factors Affecting Psychopathology and Substance Abuse in a Spanish Family Clinic Population.
INSTITUTION Miami Univ., Coral Gables, Fla.
SPONS AGENCY National Inst. on Drug Abuse (DHEW/PHS), Rockville, Md.
PUB DATE 8 Jun 76
NOTE 25p.; For related documents see UD 020 854-856 and UD 020 859-863. Not available in paper copy due to institution's restriction. Prepared by the Spanish Family Guidance Center, Department of Psychiatry.

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Age; *Alcoholism; *Cubans; *Demography; *Drug Abuse; *Hispanic Americans; Marital Status; *Mental Health; Mental Health Clinics; Psychiatric Services; Sex; Social Class
IDENTIFIERS *Florida (Miami)

ABSTRACT

This report presents findings on the social and demographic factors associated with drug abuse, alcoholism, and major psychological impairment in a population of Cuban American patients presenting at the Spanish Family Guidance Clinic (Miami, Florida) in 1974-75. The analysis indicates a number of factors operating to increase the likelihood of disturbance in the client population. Age is positively associated with subjective distress and negatively associated with drug abuse and impulse control disturbance. Females show higher rates of subjective distress and impulse control disturbance. Married persons show lower rates of impulse control disturbance and drug abuse, but greater subjective distress, than single persons. Persons with a previous history of psychiatric hospitalization show elevated drug abuse, impulse control disturbance, and reality testing disturbance rates, relative to persons without such a history. No social class differences in psychopathology were found. Several aspects of the relationships between risk related demographic features of this population and patient drug abuse and psychopathology are inconsistent with previous research findings for other populations. This indicates that the family role relationships that influence psychopathology in the general population do not act in the same way among Miami's Cubans. (Author/GC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

JUL 2 5 1978

UNIVERSITY OF MIAMI
MIAMI, FLORIDA 33152

Mailing Address:
DIVISION OF ADDICTION SCIENCES
SPANISH DRUG REHABILITATION RESEARCH PROJECT
DEPARTMENT OF PSYCHIATRY
SCHOOL OF MEDICINE
P.O. BOX 520875, BISCAYNE ANNEX

Location:
2121 S. W. 27TH AVENUE

ED193367

SOCIAL AND DEMOGRAPHIC FACTORS AFFECTING PSYCHOPATHOLOGY AND SUBSTANCE ABUSE IN A SPANISH FAMILY CLINIC POPULATION

Robert A. Ladner, Ph.D.
Senior Research Associate

A Report to the

National Institute on Drug Abuse

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY
D. Santisteban
Spanish Family Guidance Center
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

June 8, 1976

UDO 20854

SOCIAL AND DEMOGRAPHIC FACTORS AFFECTING PSYCHOPATHOLOGY AND SUBSTANCE ABUSE IN A SPANISH FAMILY CLINIC POPULATION

Robert A. Ladner, Ph.D.
Spanish Family Guidance Clinic
Department of Psychiatry
University of Miami Medical School

1. INTRODUCTION

The purpose of this report is to present some general findings as to the social and demographic factors associated with drug abuse, alcoholism and major psychological impairment in a population of patients presenting at the Spanish Family Guidance Clinic, from October 1, 1974 to December 30, 1975. This presentation takes into account differences in the composition of the patient populations for the most recent year of operation (from January 1, 1975 to December 30, 1975), compared with the initial period of program activities (October 1, 1974 to December 30, 1974). The basis for this investigation is twofold: (a) to determine the salient demographic characteristics of the populations at risk for drug abuse, alcoholism and psychopathology within the Miami Latin community, and (b) to delineate groups for whom treatment may be more effectively directed.

Clearly, the findings reported here cannot be used to estimate the incidence of these disorders in the general Latin population in Miami. We have indicated elsewhere (Ladner, Page, & Lee, 1975; Ladner, forthcoming, Ch. 2) that agency utilization rates for persons with specific drug abuse, alcohol-related or psychological problems vary not only with the incidence of the problem in the population, but on the basis of cultural and social perceptions as to the acceptability of seeking treatment for that problem at the particular agency as well. Ladner and Ladner (1976), for example,

demonstrated the profound cultural and sex-related differences in the utilization of a hospital emergency ward and a comprehensive drug program in Miami for each of several drug-related problems (cf. also Stoeckle, Zola, & Davidson, 1963): although the Emergency Room (ER) ward was over-utilized by tranquilizer abusers and under-utilized by psychedelic drug abusers of all sexes and ethnicities, Black and Latin narcotic abusers specifically under-used this facility. Anglo and Black women tended to avoid the ER for problems with psychedelic drugs, and to over-utilize this facility for overdoses on nonpsychotropic prescription drugs; this tendency did not occur in the Spanish population.

There are similar problems with inferring psychological impairment rates in the general population from clinic data. Kline (1969) has indicated that Latin patients tend to under-utilize Anglo psychiatric services (cf. Karno, 1966), based on Latin stereotypes of Anglos as cold and distant. There are profound cultural differences in the ways in which family relations are seen as pathological or merely upsetting: Brody (1961) has discussed this with respect to young Black adult males (cf. also Adams, 1950); Diaz-Guerrero (1955) with respect to Mexican-Americans (cf. also Fabrega, Rubel, & Wallace, 1967); and Maldonado-Sierra and his associates with Puerto Ricans (Maldonado-Sierra, Trent, & Fernandez-Marina, 1960). Our own experience in Miami has indicated the relative under-utilization of Anglo psychiatric services by Latin patients, not only because of perceived social distance and language barriers, but because of the relative importance of family support systems in the resolution of psychological difficulty.

For these reasons, the data presented here are indicative only of the scope and magnitude of the drug abuse, alcoholism and psychological disturbance problems evident in the Spanish population treated at Encuentro.

Although we may infer that the patient population here is in some ways representative of the Latin population in Miami, we cannot be assured that the relationships between demographic variables and pathology are the same for the patients engaged in treatment as for the patient population as a whole.

2. MEASUREMENT

Data from 286 patients presenting at Encuentro (both the Little Havana and Wynwood clinics) during the period from October, 1974 to December, 1975 were included in this analysis. During the initial period from October, 1974 to December, 1974, a total of 81 patients presented at the two clinic sites, an average of 16.2 patients per month. During the most recent operating year, from January to December, 1975, a total of 205 patients presented at the two treatment sites, an average of 17.1 cases per month.

Data on drug abuse, alcoholism and psychological impairment were drawn from the intake Psychiatric Status Schedule records of these patients. The PSS was developed in the early 1960's to augment the traditional psychological-impairment scales currently in use at the time with a broadly-based indicator of role functioning and substance abuse (Spitzer et al., 1970). The PSS was derived in part from the Mental Status Schedule (MSS: Spitzer et al., 1964), but contains items dealing with leisure-time activities, adequacy of family role performance, substance abuse, alcoholism and impairment in interpersonal activities, as well as the major psychopathological elements contained in the MSS.

In our analysis here, we will be primarily concerned with macro-level indicators of psychological malfunctioning, with substance abuse as a subset of this malfunctioning, and with alcoholism. The macro-level scores

are derived from a varimax principal components factor analysis of the entire 321-item test, resulting in four principal elements: subjective distress, behavioral disturbance, impulse control disturbance and reality testing disturbance.

Subjective distress (SD) sums scores across five major subscales: anxiety and depression, impairment in everyday activities, social isolation, self-mutilation/suicide, and somatic preoccupation.

Behavioral disturbance (BD) sums scores across six major subscales: speech disorganization, inappropriate affect, agitation, interview belligerence, disorientation and affective retardation. Note that these items refer to the manifested behavior of the patient during the initial interview, rather than to a self-reflected internal state.

Impulse control disturbance (ICD) sums scores for antisocial impulses or acts, drug abuse and reported overt anger. With the exception of two items in the antisocial impulses subscale, all of the items in the ICD macro scale report overt behavior.

Reality testing disturbance (RTD) sums two subscales for grandiosity and paranoia/persecution/hallucination.

In Spitzer's studies, drug abuse as a behavioral measure loaded with the ICD factor; hence, we should expect a consistent correlation between the subscale and the factor in our discussions. The alcoholism subscale did not load satisfactorily in any of the macro dimensions listed above, and can be considered in this analysis to be functionally independent of the macro scales. A total psychopathology score is obtainable by summing across the four macro scores, but this score was not included in our analysis.

The reported intercorrelations among the macro scales, described in

Spitzer et al. (1970), indicate the first three macro scales to be virtually independent of each other, with only RTD correlated with both SD and BD. The intercorrelations shown in Table 1 below, indicate that within the Latin population served at Encuentro, the relationships among the scales are not so discrete. SD and RTD are correlated both with each other and with all other macro scales; drug abuse is not only correlated with ICD, but with SD and RTD as well; alcohol abuse is correlated with ICD. One finding consistent with both this population and with the standardization data reported by Spitzer and his associates is the low correlation between alcohol and drug abuse subscales.

3. DESCRIPTION OF THE POPULATION

The Encuentro patient population consists of 55% males and 45% females, ratios that did not differ significantly between the first and second year of operation. The bulk of the patients (92%) had not been admitted to any psychiatric hospital before presenting at Encuentro, and 98% of the patients were Caucasian. This latter figure is consistent with the ethnic composition of the Cuban community in Miami: although Blacks comprised about 25% of the population of Cuba at the time of the revolution (Cuba-Direccion General de Estadistica, 1959), the proportion of Blacks among the exiles barely was less than 4% in 1967 (Thomas & Huyck, 1967, cited in Portes, 1969).

Table 2 shows the distribution of social class in the Encuentro patient population during the first and second year of operation, compared with the social class distribution shown by Spitzer et al. in their standardization population. Note that the class distributions for the two years of operation are different; the most recent operating year has a larger proportion

Table 1

CORRELATION MATRIX OF PSYCHOLOGICAL STRESS INDICATORS AND SUBSTANCE ABUSE SCORES IN A POPULATION OF 239 PATIENTS TREATED AT ENCUENTRO, OCTOBER, 1974 TO DECEMBER, 1975

	SUBJECTIVE DISTRESS	BEHAVIORAL DISTURBANCE	IMPULSE CONTROL DISTURBANCE	REALITY TESTING DISTURBANCE	DRUG ABUSE	ALCOHOL ABUSE
Subjective Distress	1.000	.263**	.152*	.469**	.472**	.108
Behavioral Disturbance		1.000	.108	.387**	.094	.035
Impulse Control Disturbance			1.000	.195**	.837**	.150*
Reality Testing Disturbance				1.000	.193**	.012
Drug Abuse					1.000	.101
Alcohol Abuse						1.000

* $p < .05$
** $p < .01$

Table 2

HOLLINGSHEAD SOCIAL CLASS LEVELS
FOR ENCUENTRO PATIENTS ADMITTED
10/74-12/74 AND 1/75-12/75

Hollingshead Class	Oct., 1974-Dec., 1974 (N=66)	Jan., 1975-Dec., 1975 (N=173)	Encuentro Total (N=239)	PSS Standard (N=718)
Class I	0.0%	2.9%	2.1%	7.1%
Class II	3.0	7.5	6.3	10.6
Class III	7.6	13.3	11.7	24.8
Class IV	45.5	26.6	31.8	34.5
Class V	43.9	49.7	48.1	23.0
Total	100.0	100.0	100.0	100.0

NB: 50 (17.3%) observations are missing from the Encuentro population: Social class was uncodable or missing. 52 cases (6.8%) were missing from standardization sample (Spitzer et al., 1970).

χ^2 for difference in distributions by year = 10.45; 4 df; $p < .05$.

of middle class professionals and a lower overall proportion of working class patients ($\chi^2 = 10.45$; 4 df; $p < .05$), compared to the first year of operation. In general, the class structure of the Encuentro patients shows a greater concentration of working-class and lower-class patient than the standardization population, but this may be due to any number of possible factors (e.g., the outpatient status of the Encuentro patients, compared with the inpatient status of the standardization group; overall post-migration status drops in the Latin community; status differences affecting service utilization).

The Encuentro patient population is religiously homogeneous, with 80% Catholic and 12% non-Catholic (cf. Spitzer et al., 1970, showing 51% Catholic, 49% non-Catholic). There is a significant relationship between religion and year of admission, with a tendency for overrepresentation of Catholics in the first year and underrepresentation for the second ($\chi^2 = 4.14$, 1 df; $p < .05$). The bulk of the patients are not heads of their households in the Encuentro population; only about 40% of the clients report this status for themselves. There is a near-significant overall relationship between patient sex and status as head of household, with a tendency for males to be in this position; this tendency is largely a function of the family roles of Latins in treatment during the second year, where the relationship between patient sex and household status is significant ($\chi^2 = 4.18$; 1 df; $p < .05$). By contrast, the relationship between these variables for the first several months of clinic operation is not significant. The relationship between patient sex and family role, coupled with the social class data shown in Table 2, indicates that the Encuentro patient population for the most recent year of operation is much more stable and conventional than the population presenting during the initial several months.

Analysis of variance (see Table 3) assessing the simple and interactive effects of patient sex and admission period on the age of the patient shows the only main effect to be that of patient sex ($F = 27.01$; df 1/275; $p < .01$). The mean age for male patients in the total clinic population is 24.19 years; the mean age for female patients is 32.61 years.

4. RESULTS

a. Effects of Major Demographic Variables on Substance Abuse and Psychological Disorder

Table 4 shows the F-ratios and associated alpha levels for the effects of seven principal demographic factors on macro scales and substance abuse scores in the PSS. Note that there are several factors significantly affecting drug abuse, subjective distress and impulse control disturbance in this population, with relatively few factors affecting alcohol abuse, behavioral disturbance and reality testing disturbance. The social class of the patient is not a significant factor in any of the patient pathology variables, as measured by the PSS. This stands in marked contrast to the literature on the inverse relationship between patient social class and mental disorder (cf. Dohrenwend & Dohrenwend, 1969). This lack of relationship persists when social class is treated as continuous variable and correlated with each of the symptom macro scales and the substance abuse subscales: none of the zero-order correlations were significant. Patient religion had no significant effect on any of the macro scales or substance abuse subscales, and was dropped from further analysis for that reason. Although previous hospitalization is a significant factor in patient pathology (with previously-hospitalized patients showing higher rates of drug abuse, impulse control disturbance and reality testing disturbance), the distribution of hospitalized and non-hospitalized cases is so skewed as to

Table 3

ANALYSIS OF VARIANCE FOR THE EFFECTS OF SEX AND ADMISSION PERIOD ON PATIENT AGE

SOURCE	SS	df	F
Sex (S)	4624.22	1	27.01 **
Admission Period (A)	425.23	1	2.48
S X A	10.54	1	.06
Error	47085.69	275	
Total	52394.35	278	

* $p < .05$

** $p < .01$

Group Means (age in years)

Male	24.19
Female	32.61

Table 4

SUMMARY OF F-RATIOS AND ALPHA LEVELS FOR ONE-WAY ANALYSES OF VARIANCE OF EFFECTS OF DEMOGRAPHIC VARIABLES ON DRUG ABUSE, ALCOHOLISM AND PSYCHOPATHOLOGY

		PSYCHIATRIC STATUS SCHEDULE SCALES					
				MACRO SCALES			
DEMOGRAPHIC VARIABLE	df	DRUG ABUSE	ALCOHOLISM	SD	BD	ICD	RTD
Age	(6)	4.70 **	1.11	12.52 **	.19	5.20 **	1.93
Sex	(1)	.18	2.60	35.20 **	1.70	5.99 *	.81
Marital Status	(3)	2.37	4.09 **	17.63	.19	5.15 **	1.79
Religion	(1)	.09	.10	1.85	.03	.89	.72
Prev. Hosp.	(1)	19.98 **	1.08	1.35	.01	15.58 **	4.91 *
Social Class	(4)	.50	.23	.81	.96	.46	.32
Admission Period	(1)	6.21 *	.02	2.76	12.42 **	9.76 **	3.04

* $p < .05$

** $p < .01$

prevent the use of this variable as a control.

Admission period is significantly related to level of patient pathology, with the more recently encountered patients showing significantly reduced rates of drug abuse, behavioral disturbances and impulse control disturbance, relative to the patients encountered during the first few months of operation. This may be due to some extent to the overall stability of the 1975 clinic population, as evidenced in the family role and social class data discussed earlier; alternatively, this finding could be an indication of earlier clinical intervention in Latin patients, where referrals to Encuentro in latter months were made before the functional impairment of the patient reached the severe levels shown in the first months of operation.

b. Effects of Sex, Marital Status and Age on Drug Abuse, Alcoholism and Psychopathology

The literature on age and mental illness rates reviewed by Dohrenwend and Dohrenwend (1969) does not show a consistent pattern regarding the age groups most at risk for mental illness; in point of fact, age is a factor in widely diverse risk-producing situations (e.g., marriage, birth of first child, first job, retirement) that influence rates of mental health problems, and for this reason shows an inconsistent relationship to mental illness rates. In addition, the effects of age are generally confounded with those of sex: for example, women tend to report higher rates of psychiatric symptomatology than men (cf. Clancy & Gove, 1974), and since women in the United States tend to live longer than men, differential observed age rates for psychological problems may be partially a reflection of underlying sex differences of the patient.

The influence of marital status on deviant behavior is likewise

confounded by age and sex effects. Gove (1972) has indicated that the higher rates of mental illness among women may be an outgrowth of higher rates among married persons in general; his review of the literature indicated an interaction between sex and marital status, in that single males were more at risk than married males, but married women were more at risk than single women. Moreover, divorced or separated men had higher rates of reported psychological disorder than women. Since marital status is a function of age, it is not unreasonable to expect that a certain proportion of the variance conventionally associated with age and mental illness is a function of marital status, and that the relationship between marital status and age varies for women and men.

For these reasons, the simple and compound effects of age, marital status and sex on drug abuse scores, alcoholism and psychopathology were assessed in a 4 x 3 factorial analysis of variance (marital status by sex) with age treated as a covariate. In the case of the Subjective Distress and Impulse Control Disturbance summary scales and the drug abuse and alcoholism subscales, these factors and covariates accounted for a significant amount of the variance. In the case of Behavior Disturbances and Reality Testing Disturbances, these variables were not significant.

The principal effects of these variables on Subjective Distress are shown in Table 5. Note that age is strongly related to Subjective Distress, with the positive beta indicating greater distress among older patients than among younger ones. Marital status was also significantly related to distress, with widowed patients showing the greatest distress at admission, followed in descending order by divorced patients, married patients and single patients. Females are more seriously distressed at admission than males, and the interaction between sex and marital status is not significant.

Table 5

ANALYSIS OF VARIANCE FOR THE EFFECTS OF PATIENT AGE, MARITAL STATUS AND SEX ON SUBJECTIVE DISTRESS AT ADMISSION

SOURCE	SS	df	F
Age	6591.6	1	53.59 **
Marital Status (M)	1031.71	3	2.80 *
Sex	1633.53	1	13.28 **
M X S	168.54	2	.68
Error	33703.81	274	
Total	43737.94	281	

---

* $p < .05$

** $p < .01$

Age beta = .350. Multiple R^2 = .226

Group Means (Subjective Distress PSS scores)

Males	44.41	
Single		41.56
Married		47.92
Divorced		53.78
Females	52.66	
Single		48.13
Married		53.80
Widowed		59.60
Divorced		55.64

Table 6 shows the effects of age, marital status and sex on Impulse Control Disturbance at admission. For this variable, the patient's age was negatively related to Impulse Control Disturbance, with younger patients showing greater pathology levels than older patients. Widowed patients were most subject to impulse control problems, followed in descending order by single patients, divorced patients and married patients. The effect of patient sex on impulse control disturbance is not significant, but the Sex X Marital Status interaction term is, with divorced males showing the highest impulse control problems, and divorced females showing the lowest levels.

Analysis of variance of Drug Abuse scores is shown in Table 7, and the pattern of responses is similar to the impulse control macro scale in every aspect except the effect of age. For the drug abuse subscale, age made only a marginal contribution, with an insignificant F ratio and a beta that was not significantly different from zero. The rank order of marital status by drug abuse is identical to that shown for the Impulse Control Disturbance macro scale, and the magnitude and articulation of the interaction effect is the same.

Table 8 shows the effects of patient age, marital status and sex on Alcohol Abuse scores. Age is significantly and positively related to alcohol problems; the highest rates of alcohol misuse occur in the widowed population, followed by married persons, divorced persons and single persons; males show significantly higher rates of alcohol abuse than females. The Sex X Marital Status interaction term is also significant, indicating widowed persons as most impaired among females, and married persons most impaired among males. Least impaired among males were single persons.

An analysis of variance of the total psychopathology score, created by summing all of the four summary macro scales, showed the only significant

Table 6

ANALYSIS OF VARIANCE FOR EFFECTS OF
PATIENT AGE, MARITAL STATUS AND SEX
ON IMPULSE CONTROL DISTURBANCE AT ADMISSION

SOURCE	SS	df	F
Age	637.44	1	5.04 *
Marital Status (M)	1480.36	3	3.90 **
Sex (S)	418.80	1	3.31
M X S	1987.35	2	4.30 *
Error	34686.64	274	
Total	38404.45	281	

---

* $p < .05$

** $p < .01$

Age beta = -.109. Multiple R^2 = .068

Group Means (Impulse Control Disturbance PSS scores)

Males	58.01	
Single		58.68
Married		53.05
Divorced		64.28
Females	54.65	
Single		57.31
Married		53.00
Widowed		64.20
Divorced		52.48

Table 7

ANALYSIS OF VARIANCE FOR THE EFFECTS OF PATIENT AGE, MARITAL STATUS AND SEX ON DRUG ABUSE SCORES AT ADMISSION

SOURCE	SS	df	F
Age	90.42	1	.60
Marital Status (M)	1253.96	3	2.77 *
Sex (S)	47.48	1	.32
M X S	1511.83	2	5.01 **
Error	41359.44	274	
Total	44288.44	281	

* $p < .05$

** $p < .01$

Age beta = .041. Multiple R^2 = .032

Group Means (Drug Abuse PSS scores)

Males	57.84	
Single		47.01
Married		55.57
Divorced		67.33
Females	57.20	
Single		59.20
Married		55.76
Widowed		66.20
Divorced		55.68

Table 8

ANALYSIS OF VARIANCE FOR THE EFFECTS OF PATIENT AGE, MARITAL STATUS AND SEX ON ALCOHOLISM AT ADMISSION

SOURCE	SS	df	F
Age	156.35	1	6.28 *
Marital Status (M)	244.87	3	3.28 *
Sex (S)	221.09	1	8.87 **
M X S	196.03	2	3.93 *
Error	6826.70	274	
Total	7581.71	281	

* $p < .05$

** $p < .01$

Age beta = .054. Multiple R^2 = .074

Group Means (Alcoholism PSS scores)

Males	47.48	
Single		46.44
Married		50.03
Divorced		48.33
Females	46.50	
Single		46.44
Married		46.12
Widowed		53.80
Divorced		46.00

effect to be that of age, with older persons showing more total impairment than younger persons (beta = .206; F = 15.06; df 1/274; p < .001).

5. DISCUSSION

A number of findings in Tables 5 through 8 deserve close attention. Note that in general, subjective distress is the pathology that showed the simplest underlying structure: there are no interactions; the beta for the age covariate is the highest of all of the betas; and the proportion of explained variance in the significant terms is the highest of all PSS scores (R^2 = .226). We noted in Table 1 that subjective distress is positively correlated with all other psychopathology variables, with the exception of alcohol abuse, and is unaffected by the period of admission for the patient (cf. Table 4). Single persons were least distressed, married persons were intermediate, and divorced and widowed persons were most distressed; males were less distressed at admission than females.

These trends are correlated with the availability of interpersonal resources in the patient population. Note that as the patients move away from the young/unmarried/male categories, and into the category of older divorced persons and widowed females, the degree of overt distress in the patients increases monotonically. The fact that subjective distress is significantly correlated with other variables that do not show the same homogeneous relationship with the demographic control variables is interesting: the direction of the relationships between the control variables indicates that subjective distress is a function of stress-related risk, in that the high-risk directions for these variables are associated with higher degrees of pathology. In effect, the relationship between high-risk demographic characteristic and subjective distress provides support for the

relationship between stress and psychopathology: the high-risk persons experience the greatest perceived stress, although the articulations of that stress differ among the subpopulations under consideration.

Note, for example, the differences in alcoholism and drug abuse pathology scores for this population. The population at risk for drug abuse consists of divorced males and widowed females, although single males and females both show high scores in this area. The fact that there are no significant sex or age differences in drug abuse pathology scores is intriguing especially in light of the clear relationships expressed between the use of illicit drugs and sex reported elsewhere (cf. Ladner et al., 1975). The alcoholism scores, by contrast, are significantly elevated in the older patients and show males to be at risk relative to females; married males are more at risk than others, as are widowed females.

To some extent, the suppression of a sex effect in the drug-abuse scores is an outgrowth of the confounded relationship between drug of choice and sex in this clinic population. We have pointed out in an earlier report to NIDA that the drug of choice for women in the Encuentro clinic population is tranquilizers, while the drugs of choice for men are illicit sedatives, narcotics and marijuana. The drug abuse pathology PSS score, however, does not distinguish between licit and illicit drugs, except to assign increased pathology levels to substances with high risk of addiction. The pathology levels are also affected by frequency of use, so that a heavy user of tranquilizers (rated high because of frequency of use, rather than the seriousness of the drug) would rank equally with an occasional user of hard drugs (rated high because of the drug, not the use pattern). For this reason, the PSS measurement is an imperfect indicator of drug use or abuse, except in the very broadest sense of overall functional dependence on a substance.

A better indicator of the relationships between risk-producing situations and psychopathology are the effect coefficients associated with ICD in Table 6. The population at risk is young (characteristic of adolescence), least often married (characteristic of the effect of marriage on behavioral stability) but more often divorced (if male) and widowed or single (if female).

Gove (1972) makes a strong case for the argument that the social roles associated with marriage are more stressful for males than for females, hence the strong probability that married males would have higher rates of pathology than married females. The subjective distress data shown here for Cuban families do not bear this out; furthermore, the impulse control disturbance scores actually show equivalent male and female impairment among the married patients. Gove's observation that divorced males are particularly at risk, however, is supported in the data.

6. SUMMARY

An analysis of the demographic factors related to psychopathology and drug abuse in a population of 286 clients presenting at Encuentro between October, 1974 and December, 1975 indicates a number of factors operating to increase the likelihood of disturbance in the client population. Age is positively associated with subjective distress and negatively associated with drug abuse and impulse control disturbance. Females show higher rates of subjective distress and impulse control disturbance. Married persons showed lower rates of impulse control disturbance and drug abuse than single persons, but showed greater subjective distress at admission. Persons with a previous history of psychiatric hospitalization showed elevated drug abuse, impulse control disturbance and reality testing disturbance rates,

relative to persons without such a history. There were no social class differences in psychopathology.

Several aspects of the relationships between risk-related demographic features of this population and patient drug abuse and psychopathology indicate the special nature of this population. Subjective distress was positively correlated with all other summary PSS scales, a finding not observed by the scale originators. In addition, several of the interaction effects of sex and marital status on patient pathology were not in accord with previously published findings on the relationship of these variables to psychological problems. It would appear from these inconsistencies that the family role relationships that influence psychopathology in the general population do not act in the same way in this Cuban patient population. For that reason, it is advisable to go beyond the simple demographic analysis in this report and develop a more extensive understanding of the antecedents of drug abuse and psychopathology in these patients. Such an elaboration is planned for the final report from this project.

REFERENCES

Adams, W. The Negro patient in psychiatric treatment. Am. J. Orthopsychiat., 1950, 20, 305-310.

Brady, E. Social conflict and schizophrenic behavior in young adult Negro males. Psychiatry, 1961, 24, 337-346.

Clancy, K., & Gove, W. Sex differences in mental illness: An analysis of response bias in self-reports. Am. J. Sociol., 1974, 80(1), 205-216.

Cuba-Direccion General de Estadistica. Resumenes Estadisticos Seleccionados: Sintesis Chronologica. La Habana: Impresor P. Fernandez, 1959.

Diaz-Guerrero, R. Neurosis and the Mexican family structure. Am. J. Psychiat., 1955, 112, 411-417.

Dohrenwend, B., & Dohrenwend, B. Social status and psychological disorder: A causal inquiry. New York: Wiley Interscience, 1969.

Fabrega, H., Rubel, A., & Wallace, C. Working class Mexican psychiatric outpatients. Arch. Gen. Psychiat., 1967, 16, 704-712.

Gove, W. The relationship between sex roles, marital status, and mental illness. Soc. Forces, 1972, 51(1), 34-44.

Karno, M. The enigma of ethnicity in a psychiatric clinic. Arch. Gen. Psychiat., 1966, 14, 516-520.

Kline, L. Some factors in the psychiatric treatment of Spanish-Americans. Am. J. Psychiat., 1969, 125(12), 1674-1680.

Ladner, R. Emergency and post-emergency treatment of drug-problem patients. Ballinger Publishing Company, forthcoming.

Ladner, R., & Ladner, S. Patterns of drug abuse and service utilization among single- and poly-drug abusing women. Report to the Florida State Department of Health and Rehabilitation Services, April 1, 1976.

Ladner, R., Page, W., & Lee, M. Ethnic and sex effects on emergency ward utilization for drug-related problems: A linear model analysis. J. Health and Soc. Behav., 1975, 16, 315-325.

Maldonado-Sierra, E., Trent, R., & Fernandez-Marina, R. Neurosis and the traditional family beliefs in Puerto Rico. Int. J. Soc. Psychiat., 1960, 6, 237-246.

Portes, A. Dilemmas of a golden exile: Integration of Cuban refugee families in Milwaukee. Am. Soc. Rev., 1969, 34(4), 505-518.

Spitzer, R., Fleiss, J., & Burdock, E. The Mental Status Schedule: Rationale, reliability, validity. Compr. Psychiat., 1964, 5, 384-395.

Spitzer, R., Endicott, J., Fleiss, J., & Cohen, J. The Psychiatric Status Schedule: A technique for evaluating psychopathology and impairment in role functioning. Arch. Gen. Psychiat., 1970, 23, 41-55.

Stoeckle, J., Zola, I., & Davidson, G. On going to see the doctor: The contributions of the patient to the decision to seek medical aid. J. Chron. Dis., 1963, 16, 975-989.

Thomas, J., & Huyck, E. Resettlement of Cuban refugees in the United States. Paper presented at the meetings of the American Sociological Association. San Francisco, California, 1967.